| | | | TOTAL | SHEET |
|---------|-------------|---------|--------|--------|
| ROUTE | SECTION | COUNTY | SHEETS | NUMBER |
| VARIOUS | 2010-029DTR | VARIOUS | 4 | 3 |

CONTRACT 60K69

| | ID: |
|---|--|
| DEAD AND DISEAS | ED TREE REMOVAL REQUEST |
| EQUESTED BY: | DATE OF REQUEST: |
| /ARD: | TELEPHONE: () |
| (Please complete information when requ | uest for tree removal is from outside the Bureau of Maintenance) |
| NAME: | |
| | |
| TELEPHONE: () | |
| LOCATION OF DEAD/DISEASI (Please fill out completely to expedite local) | ED TREE(S) uting the repair) |
| COUNTY: | TOWN/CITY: |
| MARKED/NAMED ROUTE: | |
| OTRECTIONS FROM NEAREST MAJOR | |
| SIDE OF ROADWAY: | |
| ADDITIONAL DIRECTIONS TO TREE: | |
| | |
| PLEASE INDICATE APPROX NUMBER OF TREES BASED OF | KIMATE SIZE AND N VISUAL ESTIMATE |
| COMMENTS: | (Size/Number) |
| | |
| | OFFICE USE ONLY TYPE OF REMOVAL: |
| DATE INSPECTED: | TYPE OF REMOVAL. |
| DTR#: | |
| WORK ORDER #: | NOTES: |
| POSTED IN SUMMARY: | |

ILLINOIS DEPARTMENT OF TRANSPORTATION

SAMPLE WORK ORDER

DEAD TREE REMOVAL